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Bib Data Sheet

CONFIRMATION NO. 3957

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|---|---|-------------------------------|---|---------------------------------------|--------------------------------|
| SERIAL NUMBER 09/199,669 | FILING OR 371(c) DATE 11/25/1998 RULE | CLASS 381 | GROUP ART UNIT 2643 | ATTORNEY DOCKET NO. ISM/005 | |
| APPLICANTS ADNAN SHENNIB, FREMONT, CA; RICHARD URSO, REDWOOD CITY, CA; DIEP H. NGO, SAN JOSE, CA; | | | | | |
| ** CONTINUING DATA ***** | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 12/14/1998 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY CA | SHEETS DRAWING 13 | TOTAL CLAIMS 140 | INDEPENDENT CLAIMS 5 |
| ADDRESS DONALD R. GREENE P.O. BOX 12995 SCOTTSDALE, AZ 85267-2995 | | | | | |
| TITLE SEMI-PERMANENT CANAL HEARING DEVICE | | | | | |
| FILING FEE RECEIVED 1538 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |

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|---------------|-------------|-------|----------------|---------------------|
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| 09/199,669 | 11/25/98 | 381 | 2743 | ISM/005 |

APPLICANT

ADNAN SHENNIB, FREMONT, CA; RICHARD URSO, REDWOOD CITY, CA; DIEP H. NGO, SAN JOSE, CA.

CONTINUING DOMESTIC DATA***

VERIFIED

None/INT

371 (NAT'L STAGE) DATA***

VERIFIED

None/INT

FOREIGN APPLICATIONS***

VERIFIED

None/INT

FOREIGN FILING LICENSE GRANTED 12/14/98

***** SMALL ENTITY *****

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|--|--|--|------------------------|----------------------|---------------------|-------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY CA | SHEETS DRAWING 13 | TOTAL CLAIMS 140 | INDEPENDENT CLAIMS 5 |
| Verified and Acknowledged <u>Don</u> <u>Don</u> Examiner's Initials Initials | | | | | | |

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TITLE

SEMI-PERMANENT CANAL HEARING DEVICE

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| FILING FEE RECEIVED \$1,538 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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